

**Application Data Sheet**

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**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Apparatus And Method For Monitoring  
Supplemental Oxygen Usage  
Attorney Docket Number:: 1-24530  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: No  
Petition Included?: No

**Inventor Information**

Applicant Type:: Inventor  
Primary Citizenship Country:: United States  
Status: Full Capacity  
Given Name:: Frank  
Middle Name:: R.  
Family Name:: Frola  
City Residence:: Somerset  
State or Province of Residence:: Pennsylvania  
Country of Residence:: United States  
Street of Mailing Address 507 Harrison Ave.  
City of Mailing Address Somerset  
State or Province of Mailing Address:: Pennsylvania  
Country of Mailing Address United States  
Postal or Zip Code:: 15501

**Correspondence Information**

Correspondence Customer Number:: 4859

**Representative Information**

Representative Customer Number:: 4859

**Domestic Priority**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/482,356	06/25/03

**Assignee Information**

Assignee name:: Sunrise Medical HHG Inc.  
Street of Mailing address:: 7477 East Dry Creek Parkway  
City of mailing address:: Longmont  
State or Province of mailing address:: Colorado  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 80503